



November 12, 2024

CHIEF EXECUTIVE OFFICER  
ZACHARIAS SEXUAL ABUSE CENTER  
C/O KATE FERRY  
FREEMAN MATHIS & GARY LLP  
33 NORTH DEARBORN STREET SUITE 1430  
CHICAGO, IL 60602

Complainant: SAIRA KHAN  
Charge No.: 2024CR2988

Dear Respondent:

The above-named Complainant has filed the attached charge alleging that you have violated a provision of the Illinois Human Rights Act ('Act'). See the Illinois Compiled Statutes, 775 ILCS 5/1-101 et. seq. The Act prohibits discrimination in the areas of Employment, Financial Credit, Real Estate Transactions, Public Accommodations, and Sexual Harassment in Education.

Even though the above named complainant filed this charge initially with the U. S. Equal Employment Opportunity Commission ('EEOC'), the Act requires the Illinois Department of Human Rights ('IDHR') to also process Complainant's charge. See 775 ILCS 5/7A-102(A-1).

Where a charge of employment discrimination is filed, the Act requires that the employer have 15 or more employees or have a public contract, unless the charge alleges discrimination based on disability, sexual harassment, retaliation, or pregnancy.

The Illinois Human Rights Act requires that a Respondent to a charge provide pertinent information to IDHR upon request. You are required to preserve and maintain all records, including paper, electronic, or other formats, pertaining to this charge. Your failure to provide pertinent information upon request may be construed against you.

IDHR requires that you provide the following information within 60 days of receipt of this notice:

- 1) A Position Statement in response to the charge.
- 2) A full Response to the enclosed Questionnaire.

If you combine your Position Statement with your Questionnaire Response, you must clearly state in your Position Statement that the two documents have been combined.

'Pursuant to the Illinois Identity Protection Act [5 ILCS 179/1 et. seq.], IDHR is prohibited from collecting or using social security numbers. You must redact social security numbers from any documents before submitting them to IDHR.'

Note: IDHR will review the EEOC's investigation file as part of the investigation. If you have already provided the requested information to the EEOC, your response should identify the correspondence in which the requested information can be found. Any information not previously provided to the EEOC must be provided within 60 days of receipt of this notice.

Please address (1) the Position Statement and (2) the Response to the Questionnaire to:

Intake – Unassigned Case Unit  
Illinois Department of Human Rights  
555 West Monroe Street  
7th Floor  
Chicago, Illinois 60661

Sincerely,  
Unassigned Case Unit  
Intake Division  
(312) 814-6201  
Enclosures

Intake / IN-5 (SB1122/CR/SR)  
4/17

CHARGE OF DISCRIMINATION		Charge Presented To: Agency(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		<input checked="" type="checkbox"/> FEPA	440-2024-01300
		<input checked="" type="checkbox"/> EEOC	2024CR2988
Illinois Department of Human Rights and EEOC			
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)	Date of Birth
Ms. Saira Khan		(224) 440-2665	09/20/1973
Street Address		City, State and ZIP Code	
915 Campbell Dr, Gurnee, IL 60031			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name		No. Employees, Members	Phone No. (Include Area Code)
Zacharias Sexual Abuse Center		15+	(847) 244-1187
Street Address		City, State and ZIP Code	
4275 Old Grand Ave, Gurnee, IL 60031			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN		Earliest Latest	
<input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION		09/01/2023 12/15/2023	
<input type="checkbox"/> OTHER (Specify)		<input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<b>Statement of Harm:</b> Zacharias Sexual Abuse Center ("Zacharias") discriminated against me on the basis of my disabilities (post-traumatic stress disorder, attention deficit/hyperactivity disorder, anxiety, depression).			
In September 2023, I experienced a flare in my disability and informed Zacharias of the same. As such, I required the reasonable accommodation of a brief disability-related leave and was approved for short-term disability from October 18, 2023, until December 15, 2023. Immediately after informing Zacharias of my need for the reasonable accommodation of a medical leave, however, Zacharias baselessly removed one of my accounts in a clear display of discriminatory and retaliatory animus. Sandy Williams (Executive Director) then baselessly instructed me to begin my leave immediately, forcing me out of work prematurely out of further discriminatory and retaliatory animus.			
On November 15, 2023, I escalated my concerns regarding the discriminatory and retaliatory animus to the Illinois Coalition Against Sexual Assault, in addition to reporting other suspected unlawful/unethical conduct. Then, on December 15, 2023, Ms. Williams suddenly terminated me, citing the pretext of "going against the company mission" in a clear display of discriminatory and retaliatory animus.			
Continued on page 2			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
03 / 08 / 2024		SIGNATURE OF COMPLAINANT	
Date		DEPT OF HUMAN RIGHTS INTAKE DIVISION MAR 12 2024 RECEIVED	
Charging Party Signature		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

## CHARGE OF DISCRIMINATION

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Charge Presented To: Agency(ies) Charge No(s):

☒ FEPA

☒ EEOC

Illinois Department of Human Rights

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

**Continued from page 1**

Clearly, this termination was clearly discriminatory and retaliatory. Zacharias terminated me while on my disability-related leave, demonstrating a clear discriminatory and retaliatory animus for my disability and need for reasonable accommodations. Additionally, the temporal proximity between my protected escalations and my termination demonstrates a clear retaliatory animus for my protected activity. Thus, Zacharias clearly terminated me out of discriminatory animus for her disability and retaliatory animus for my protected activities.

A person with a disability is defined as:

1. A person with a physical or mental impairment that substantially limits one or more major life activities; or
2. A person with a record of such a physical or mental impairment; or
3. A person who is regarded as having such an impairment.

I qualify as a person with a disability as defined by one or more of the above.

**Statement of Discrimination:** I believe I have been discriminated against because of my disabilities in violation of Title I of the Americans with Disabilities Act of 1990 and the Illinois Human Rights Act.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

03 / 08 / 2024

Date

Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)